

**CLAIMS ONLY**

Application Number

101674,635

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11						
12						
13						
14	1					
15						
16						
17						
18						
19	1					
20	1					
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49						
50						
Total Indep	4					
Total Depend	20					
Total Claims	24					

*	Indep	Depend	*	Indep	Depend	*
51						
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99						
100						
Total Indep						
Total Depend						
Total Claims						